

Work Order ID 59425

Friday, June 04, 2010 9:22:04 AM



Page 1

Item ID: D2618

Accept



Setup Start



Revision ID:

Item Name: Bushing

Stop



Start Date: 6/4/2010 Start Qty: 40.00



Cust Item ID:

Required Date: 6/10/2010 Req'd Qty: 40.00



Customer:

Reference:

Approvals:

Process Plan: *[Signature]*

Date: *10-6-04* Tooling:

Date:

Run Start



QC:

Date: SPC (Y/N):

Date:

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

D2618

Rev B1

100

0.00



Hardinge CNC LATHE SMALL

Hardinge

Memo

0.00

Hardinge CNC Lathe Small

1-Turn as per Folio FA195 & Dwg D2618. □2-Deburr

SA 10/106/25

40 0

110

0.00



QC2- Inspect parts off machine FAI/FAIB

QC

Memo

0.00

Quality Control

SA 10/106/25

40 0

120

0.00



QC8- Inspect parts - second check

QC

Memo

0.00

Quality Control

amk 10/106/25

40 0

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

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Page 2

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Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start



Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Identify as per dwg & Stock Location: <u>changer 19</u>	0.00							
	Packaging								
	Memo	0.00							
	Packaging								
140	QC21- Final Inspection - Work Order Release	0.00							
	QC								
	Memo	0.00							
	Quality Control								

10-6-25 40 SL10/06/28 MF10-6-28

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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Picklist Print

Friday, June 04, 2010 9:22:09 AM

Page 1

Work Order ID: 59425



Parent Item: D2618



Parent Item Name: Bushing

Start Date: 6/4/2010

Required Date: 6/10/2010

Comments: IPP Rev:F Re-format 05-11-22 JLM

Start Qty: 40.00

Required Qty: 40.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MDELNR0.750		Purchased	No			100	f	83.0100	0.258	10.86316			



Delrin Round Bar 0.75"



<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT	51.1	
114595	51.1	
MAT050	31.91	
112418	0.12	
112480	31.79	

11/27/10 10/06/25

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

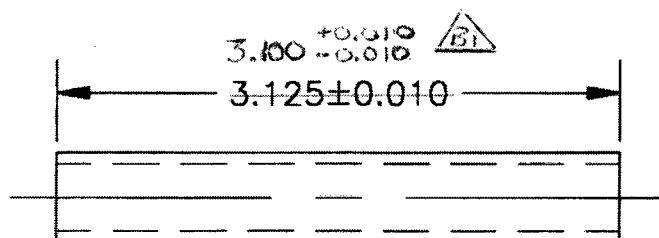
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NOTE: Date & initial all entries



DESIGN BW	DRAWN BY KE	DART AEROSPACE LTD VICTORIA INTERNATIONAL AIRPORT, CANADA	
CHECKED BW	APPROVED BW	DRAWING NO. D2618	REV. B SHEET 1 OF 1
DATE 96:10:30		TITLE BUSHING	SCALE 1:1
B	97.05.09	3.125 WAS 1.625, .313 WAS .375	
B1	UP # 04.06.03	CHANGE DIM FOR BETTER FIT	

RELEASED
97/05/13 DS



Ø0.500 $\begin{smallmatrix} 0.000 \\ -0.010 \end{smallmatrix}$

Ø0.313 $\begin{smallmatrix} +0.020 \\ 0.000 \end{smallmatrix}$

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 59425

MATERIAL: DELRIN OR TEFLON OR NYLON

W/O:			WORK ORDER CHANGES					
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Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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